



**State of Connecticut
Department of Banking
Consumer Credit Division**
260 Constitution Plaza, Hartford, CT 06103



**REQUEST FOR OFFICE CLOSURE FORM
Small Loan Company**

Instructions:

1. Please complete this form when notifying the Connecticut Department of Banking of an office closure.
2. Please return original license(s) to the Connecticut Department of Banking.

Request for closure will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Carmen Calderon at 860-240-8225 or via e-mail at carmen.calderon@ct.gov.

License Number(s) _____

Name of Licensee _____

Effective Date of Office Closure _____

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____